

| STAFF USE ONLY Business License Number: |
|--|
| ☐ Mobile Vendor (0974) ☐ Mobile Food Vendor (0975) NSD TRACKING NUMBER: |

| MOBILE VENDOR / MOBILE I | FOOD \ | /ENDOR LICENSE APPLICA | ATION | | | |
|--|-------------------------------|--|-------------------------|--|--|--|
| Name of Mobile Vending Operation: | 7. Bus | siness Type (check one): | 8. Today's Date: | | | |
| | ☐ Indi | vidual | / / | | | |
| 2. Location of Mobile Vending Operation: | ☐ Par | tnership | 9. Privilege Tax | | | |
| ŭ i | ☐ Oth | er (specify) | License Number: | | | |
| Street Address | | | | | | |
| | | ousiness is a corporation, rship, or LLC, applicant | 10. Business will sell: | | | |
| City, State, Zip | inform | ation must be provided for all | ☐ Food | | | |
| Pusings Phone if any | shareh | olders, partners or members. | ☐ Non-Food Items | | | |
| Business Phone, if any 3. Who owns the mobile vending operation? (if | 2 | 11. Briefly describe the item | | | | |
| corporation, partnership or LLC, list company r | | 11. Differly describe the item | 13 to be 301a. | | | |
| | , | | | | | |
| 4. Previous Business Name, Location, or Own | or: | 12. If food will be sold, do y | you have a Maricona | | | |
| 4. Frevious Business Name, Location, or Own | ы. | County Mobile Food Vendor | • | | | |
| | | ☐ Yes ☐ No | | | | |
| 5. Will a motor vehicle be used in connection v | with | A copy of a current Maricopa County Mobile Food | | | | |
| the mobile vending operation? | | Vendor Permit must be submitted with this | | | | |
| ☐ Yes ☐ No | | application if food will be sold | d. | | | |
| If yes, please provide the following information | : | 13. Who is the manager of | the business? | | | |
| Vehicle Year, Make, Model, Color | | Name | | | | |
| License Plate Number/State | | | | | | |
| A copy of a current Arizona vehicle registration | must | Residence Address | | | | |
| be submitted with this application. | | | | | | |
| 6. Who is the owner of the site where the mo | bile | Telephone Number | | | | |
| vending operation is located? | | Driver's License Number/State | | | | |
| | | 14. Who is the designated a | | | | |
| Name | | (This person will receive notice | ces from the City.) | | | |
| | | Nome | | | | |
| Maille a Addus a | | Name | | | | |
| Mailing Address | | | | | | |
| Telephone Number | | Residence Address | | | | |
| A copy of a deed, current lease or notarized perm | | | | | | |
| form must be submitted with this application shown long the business has been at the location. | wing | Telephone Number | | | | |
| now long the business has been at the location. | Driver's License Number/State | | | | | |

| and the distance requirements set forth in the Mohile | | | 16. Will the mobile vending unit require a water or power hook-up at the site?☐ Yes☐ No | | | |
|---|--|----------|---|---------------|-----------------------|--|
| ☐ Yes ☐ No If you need help preparing the site plan, please call | | | pection ap | proval from | n Develo _l | et a permit and oment Services nat approval in |
| Neighborhood Preservation at 602-262-7844. | | | | ending unit l | | |
| Applicant Information: (for c | orporation, par | | - | | | |
| 17. Full Name: | | | 21. Other names used in past 5 years (including maiden name): | | | |
| 18. Current Residence Address: | | 22. | 22. Other addresses in past 3 years (include dates): | | | |
| | | | | | | |
| | | | | | | |
| 19. Mailing Address for City Notice | es (if different): | | | | | |
| | | 23. | Place of E | Birth: | 24. Da | te of Birth: |
| 20. Home Telephone Number: | | 25 | Message | number: | | |
| (include area code) | | | 25. Message number: (include area code) | | | |
| 26. Driver's License Number/State: 27. Height: | | | 28. Weight: 29. Hair Color: 30 Eye Color: | | | 30 Eye Color: |
| 31. Written proof of age must be driver's license or other current | | | | | | |
| Type of I.D.: I. | _ | | | | | |
| | | | | Ехрис | <u> </u> | |
| 32. Have you ever had a mobile vendor license revoked or suspended? ☐ Yes ☐ No If yes, when and where? | | | | | | |
| 33. Please list all felony and misdemeanor convictions (excluding minor traffic offenses) in the past 5 years (If none, please write "NONE" and initial): | | | | | | |
| | Hone, piedes with the rest and military. | | | | | |
| 34. Please list all notices or citations you have received for violations of either the Zoning Ordinance or the Mobile Vending Ordinance in the past 5 years: (If none, please write "NONE" and initial.) | | | | | | |
| | | | | | | |
| 35. Applicant Signature: Corporate Title (if applicable): | | | | Date: | | |
| DO NOT WRITE BELOW THIS LINE FOR STAFF USE ONLY | | | | | | |
| | | | | | Staff Initials | |
| ☐ Lease ☐ Perm. ☐ Exp: | ☐ Exp: | | | | | |
| ☐ Approved ☐ Disapproved | Departmental I | Recommen | dation: | ☐ Approve | ed [| 1 Disapproved |
| License Services Supervisor NSD: | | | | | | <u>/</u> / |
| | | | | | | <u>/</u> / |

Mobile Vendor License Application - Continued

| Business Name | License No. |
|----------------------|-------------|
| | =.00000. |

| Additional Applicant Information (if more than one applicant): | | | | | | | |
|---|-------------|------------------------------------|--------------------|-----------------------------------|------------|---------------------|-----------------|
| 17. Full Na | me: | | | 21. Other nam maiden name): | | n past 5 y | ears (including |
| 18. Current Residence Address: | | | 22. Other addr | resses in p | past 3 yea | rs (include dates): | |
| 19. Mailing | Address for | City Notices (if | different): | | | | |
| | | | | 23. Place of Bi | rth: | 24. Date | e of Birth: |
| 20. Home To (include area | | mber: | | 25. Message n (include area co | | | |
| 26. Driver's L | icense Numb | per and State: | 27. Height: | 28. Weight: | 29. Hair | Color: | 30. Eye Color: |
| | | must be submit current photo id | | | | | |
| Type of I.D. | : | I.D. Numb | oer: | Stat | e: | _ Expire | es: |
| 32. Have you ever had a mobile vendor license revoked | | | ed or suspende | d? | | | |
| ☐ Yes | □ No | If yes, when | and where? | | | | |
| 33. Please list all felony and misdemeanor convictions (excluding minor traffic offenses) in the past 5 years (If none, please write "NONE" and initial): | | | | | | | |
| 34. Please list all notices or citations you have received for violations of either the Zoning Ordinance or the Mobile Vending Ordinance in the past 5 years: (If none, please write "NONE" and initial.) | | | | | | | |
| 35. Applicant Signature: Corpora | | | rate Title (if app | licable): | | Date: | |
| | | NOT WRITE BE | ELOW THIS LI | NE FOR STA | FF USE | ONLY | |
| Proof of Age | Fingerprint | Staff Initials | Police Departr | ment Recomme | ndation: | | |
| | | | ☐ Approved □ | ☐ Disapproved | | | |
| | | | | | | | <u> </u> |

Mobile Vending Notarized Permission Form

| i (printed full name of owner or authorized agent), | , certify that (printed |
|--|--|
| full name of vendor) | is authorized to operate a <i>mobile vending operation</i> , |
| as that term is defined at Phoenix City Code Section 10-10 | 60(12), at the following (check one and complete): |
| () address: | , OR |
| () site identified by Maricopa County parcel no.: | ······································ |
| for the time period from// | _ (month/day/year) |
| through// | |
| for the following purpose (describe authorized use): _ | ······································ |
| I am the (check one): () property owner, () auth | orized agent of the property owner. |
| If I am the authorized agent, I further certify that I am behalf of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the property identified herein, and the second of the owner of the owner ow | authorized to complete and execute this document on hat my address and telephone number are as follows: |
| that I understand that this document will form part of an appropriate named herein, that this document is a public record, and to punishable as a class 6 felony. | |
| | Signature of Owner or Authorized Agent |
| STATE OF ARIZONA) | Signature of Owner of Authorized Agent |
|) ss. County of Maricopa) | |
| SUBSCRIBED AND SWORN TO before me this da | ay of |
| , 20, by (name of owner/auth | |
| (name of owner/auth | orized agent) |
| | Notary Public |
| I (name of vendor), | , and the second se |
| | Signature of Vendor |
| STATE OF ARIZONA)) ss. | |
| County of Maricopa) | |
| SUBSCRIBED AND SWORN TO before me this da | ay of |
| , 20, by (name of vendor) | |
| (name of vendor) | |
| | Notary Public |

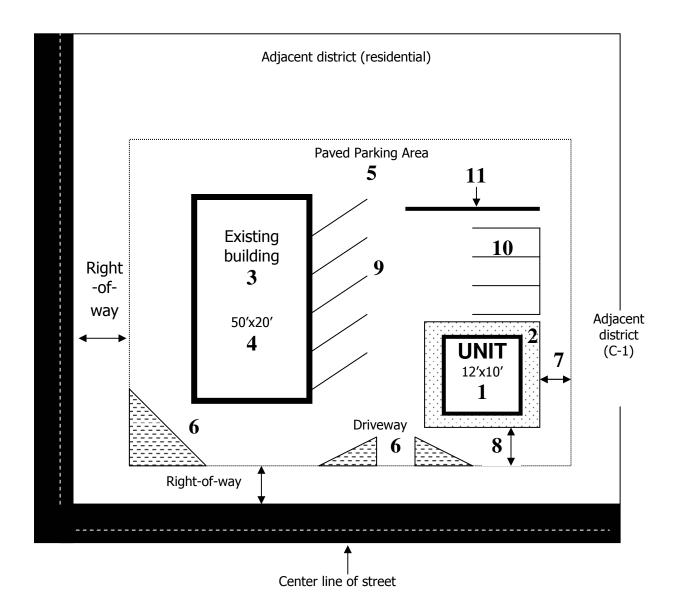
Mobile Vending Plot Plan Requirements

Please include all of the following items on your plot plan:

- 1. Size and location of unit.
- 2. Permanently marked areas surrounding the unit for 10 feet on all sides.
- 3. Location of existing building on lot (if any).
- 4. Building size, if known.
- 5. Dustproofed parking and maneuvering area.
- 6. Visibility triangle at driveway and on any corner lot.
- 7. Markings that show the side yard setbacks from the vending unit to the residential C-1 or C-2 zones.
- 8. Markings that show the vending unit is 15 feet from the right-of-way (street or sidewalk).
- 9. Identify parking spaces required for existing use or business on the site. This must meet the minimum requirements determined by the City of Phoenix Zoning Ordinance.
- 10. Identify the three required parking spaces for vendor use. These spaces are in addition to all other required parking spaces for any existing uses. If the spaces are not on the same site, they must meet requirements of Zoning Ordinance Section 702 and the applicant must submit an additional plot plan for the parking location.
- 11. Required screening for parking adjacent to a residential zone.

NOTE: This plot plan is not subject to formal Development Services Department review. It does not require an engineer stamp of approval and the review of the plan will not cost anything.

Sample Plot Plan



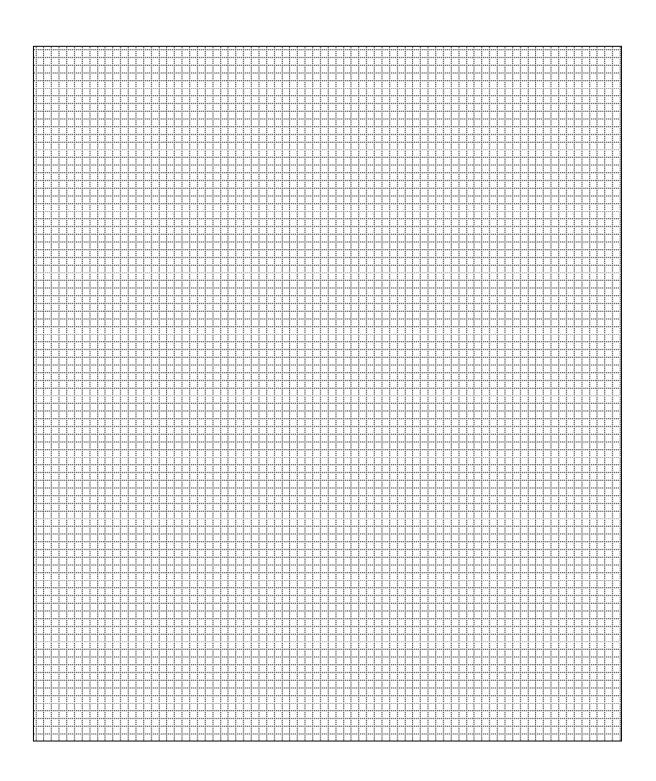
This is a sample only. Your diagram must look like your site. The size of the building and the parking shown here are for sample purposes only.

The numbers on the drawing refer to the Mobile Vending Plot Plan on the preceding page.

On occupied lots the building may be considered the screening, if the building is located between the vending unit parking spaces and the residential zone.

The same requirements shown in this sample drawing are needed for vacant lots, with one exception: the building and its parking spaces can be removed.

Plot Plan Worksheet

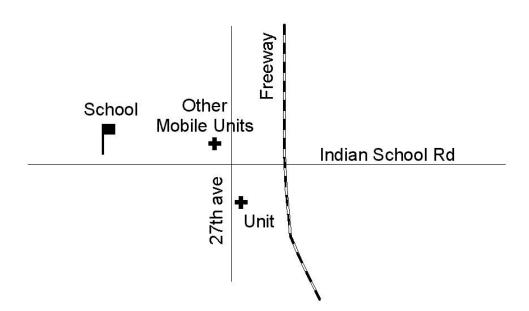


Mobile Vending Site Locator

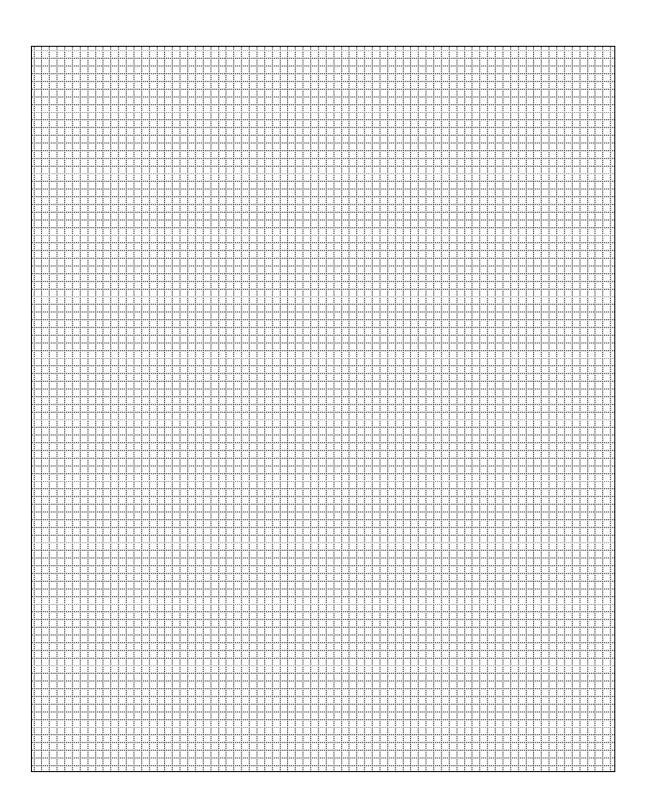
Please include all listed items on your site plan:

- Other mobile vending units within one quarter-mile (1,320 feet)
- Schools within 300 feet, lot line to lot line
- Freeway intersections within 100 feet
- Residential property within 150 feet of mobile vending unit perimeter
- Required parking spaces not at the location of the mobile vending unit, if any

Example Mobile Vending Site Locator



Mobile Vending Location Plan Worksheet



ZONING CHECK FORM FOR REGULATED BUSINESS LICENSE APPLICATIONS

The purpose of this form is to identify any obvious location deficiencies in relation to a Regulated Business License application before the license application is submitted to License Services. Deficiencies such as: Activity is not allowed in the zoning district, or activity is only allowed if a Use Permit is obtained, or activity is only allowed with restrictions, etc...

APPLICANT:

- Complete questions 1-5 on this form and submit the completed form to the Planning and Development Department (PDD) for review and comments at: 200 W. Washington St., 2nd Fl. Once this form has been reviewed by PDD, take the form to License Services to discuss PDD's comments. What type of license will you be applying for? What is the business address (location where the license will be used)? Must match the business address listed on the application submitted to License Services. 3) Describe all proposed business activities at the business address including products to be bought, sold, traded, or exchanged, and all services to be provided: 4) Will you have any type of outdoor display(s) at the business address location? □ Yes □ No
- 5) Will you store any products outdoors at the business address location? □ Yes

This form does not constitute PDDs approval or final recommendation related to a Regulated Business License

| | plication and is subject to change once the license application is submitted to License Services and reviewed its entirety. | | | | | | | |
|-----|--|--|--|--|--|--|--|--|
| | APPLICANT'S ACKNOWLEDGEMENT INITIALS: | | | | | | | |
| | DO NOT WRITE BELOW THIS LINE - FOR PLANNING AND DEVELOPMENT DEPARTMENT STAFF USE ONL | | | | | | | |
| 6) | Zoning District: | | | | | | | |
| 7) | Is this location zoned properly for the proposed uses? | | | | | | | |
| | □ Yes □ Yes, with a Use Permit □ Yes, as Accessory Use □ No | | | | | | | |
| | Comments: | | | | | | | |
| 8) | Is outdoor display or storage of merchandise allowed? □ Yes □ No Comments: | | | | | | | |
| | (PDD REVIEWER: PLEASE ADD COMMENTS AS NEEDED & PROVIDE CUSTOMER WITH A COPY OF ANY PERTINENT/LISTED ZONING ORDINANCE SECTIONS) | | | | | | | |
| 9) | Additional Zoning District Regulations: (i.e. Square Footage Requirements, Setbacks, etc.) | | | | | | | |
| | | | | | | | | |
| | (PDD REVIEWER: PLEASE ADD COMMENTS AS NEEDED & PROVIDE CUSTOMER WITH A COPY OF ANY PERTINENT/LISTED ZONING ORDINANCE SECTIONS) | | | | | | | |
| 10) | Additional Information: (Non-Conformities, etc) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PD | D Reviewer Name: Date: | | | | | | | |



ADDITIONAL APPLICATION INFORMATION

The following information is provided pursuant to Arizona Revised Statutes (A.R.S.) Section 9-834(H).

9-834. Prohibited acts by municipalities and employees; enforcement; notice

- A. A municipality shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, ordinance or code. A general grant of authority does not constitute a basis for imposing a licensing requirement or condition unless the authority specifically authorizes the requirement or condition.
- B. Unless specifically authorized, a municipality shall avoid duplication of other laws that do not enhance regulatory clarity and shall avoid dual permitting to the maximum extent practicable.
- C. This section does not prohibit municipal flexibility to issue licenses or adopt ordinances or codes.
- D. A municipality shall not request or initiate discussions with a person about waiving that person's rights.
- E. This section may be enforced in a private civil action and relief may be awarded against a municipality. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against a municipality for a violation of this section.
- F. A municipal employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the municipality's adopted personnel policy.
- G. This section does not abrogate the immunity provided by Section 12-820.01 or 12-820.02.

A full copy of the Arizona Revised Statutes may be found on-line at: www.azleg.gov.